CALIFORNIA FÓRM FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

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STATEMENT OF CONOMIC INTERESTS

Date Received Official Use Only

FEB 28 2011

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2011 FEB 28 PH 4: 25 NAME OF FILER (LAST) (FIRST) (MIDDLE) **CAMPOS NORA** E. 1. Office, Agency, or Court Agency Name CALIFORNIA STATE ASSEMBLY Division, Board, Department, District, if applicable Your Position 23RD ASSEMBLY DISTRICT **ASSEMBLYMEMBER** ▶ If filing for multiple positions, list below or on an attachment. Position: _ 2. Jurisdiction of Office (Check at least one box) X State ☐ Judge (Statewide Jurisdiction) Multi-County _____ County of ___ City of ___ Other ___ 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2010, through December 31, Leaving Office: Date Left _____/__ 2010. (Check one) O The period covered is January 1, 2010, through the date of The period covered is _____/___, through December 31, leaving office. 2010. O The period covered is _______, through the date of leaving office. Candidate: Election Year ____ Office sought, if different than Part 1: _ 4. Schedule Summary Check applicable schedules or "None." ► Total number of pages including this cover page: Schedule A-1 - Investments - schedule attached Schedule C - Income, Loans, & Business Positions - schedule attached Schedule A-2 - Investments – schedule attached Schedule D - Income - Gifts - schedule attached Schedule B - Real Property - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached -or-■ None - No reportable interests on any schedule I certify under penalty of perjury under the laws of the State of California that Date Signed Signatur

SCHEDULE B

Name Interests in Real Property (Including Rental Income)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

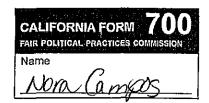
3995 Holly Drive	
0000 (1011) D1110	
CITY	CITY
San Jose, CA 95127	
FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000
NATURE OF INTEREST	NATURE OF INTEREST
Ownership/Deed of Trust	Ownership/Deed of Trust
Leasehold Other	Leasehold Other
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
S0 - \$499 S500 - \$1,000 S1,001 - \$10,000	☐ \$0 - \$499 ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
S10,001 - \$100,000 OVER \$100,000	\$10,001 - \$100,000 OVER \$100,000
SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.	SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
	•
	lending institutions made in the lender's regular course plic without regard to your official status. Personal loans
	business must be disclosed as follows:
NAME OF LENDER*	NAME OF LENDER*
NAME OF LENDER* ADDRESS (Business Address Acceptable)	
	NAME OF LENDER'
ADDRESS (Business Address Acceptable)	NAME OF LENDER* ADDRESS (Business Address Acceptable)
ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER	NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER
ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)	NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)
ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) % None HIGHEST BALANCE DURING REPORTING PERIOD	NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) % None HIGHEST BALANCE DURING REPORTING PERIOD
ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) % None HIGHEST BALANCE DURING REPORTING PERIOD	NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)
ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) ———————————————————————————————————	NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) % None HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000 \$1,001 - \$10,000
ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) % None HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000 \$1,001 - \$10,000 \$10,001 - \$100,000 OVER \$100,000	NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) ———————————————————————————————————

SCHEDULE C Income, Loans, & Business Positions (Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION	
Name	_
Nora Campos	

1. INCOME RECEIVED	▶ 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
SCC Building and Construction Trades Council	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
2102 Almaden Road, Suite 101, San Jose CA	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Labor Organization	
GROSS INCOME RECEIVED	GROSS INCOME RECEIVED
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000 \$1,001 - \$10,000
S10,001 - \$100,000 SOVER \$100,000	\$10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Salary Spouse's or registered domestic partner's income	Salary Spouse's or registered domestic partner's income
Loan repayment .	Loan repayment
Sale of(Property, car, boat, etc.)	Sale of(Property, car, bost, etc.)
	<u> </u>
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
	
Other(Describe)	Other(Describe)
(Describe)	(Describe)
	RIOD
You are not required to report loans from commercia	al lending institutions, or any indebtedness created as pa
or a retail installment or credit card transaction, made	le in the lender's regular course of business on terms your official status. Personal loans and loans received
not in a lender's regular course of business must be	e disclosed as follows:
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
ADDRESS (Business Address Acceptable)	% None
ADDITION (Business Acceptable)	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	None Personal residence
· ·	
	Real PropertyStreet address
HIGHEST BALANCE DURING REPORTING PERIOD	·
3500 - \$1,000	City
☐ \$1,001 - \$10,000	Guaranior
S10,001 - \$100,000	
OVER \$100,000	Other (Describe)
	[Bosonwoy
	·
Comments:	

SCHEDULE D Income - Gifts



➤ NAME OF SOURCE	➤ NAME OF SOURCE
League of California Cities - Latino Caucus	·
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
770 L Street, Suite 1030 , Sacramento, CA 95874	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Legislative Advocacy	<u> </u>
DATE (nm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
01,08,10 _{\$} 103 Meal	\$
01,09,10 <u>\$ 53 Meal</u>	\$
\$	
➤ NAME OF SOURCE	► NAME OF SOURCE
City of San Jose - Office of Economic Development	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
200 E Santa Clara Street, San Jose, CA 95113	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Ceremonial Occasion -Cirque du Soliel "Ovo"	
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
02,03,10 s 95 1 Ticket	
	\$
► NAME OF SOURCE	➤ NAME OF SOURCE
Santa Clara County Building Trades Council	·
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
2102 Almaden Road., Ste 101 San Jose, CA 95125	·
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Advocacy	
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
06 , 19 , 10 s 50 1 Ticket/Peaceful	
Family Event	\$
\$	\$\$
Comments: Refunded Santa Clara County Building Trades 6/19/2010	Council \$50 for ticket to Peaceful Families Event on



COUNCILMEMBER DISTRICT 5

November 30, 2010

Santa Clara & San Benito Building and Construction Trades Council 2102 Almaden Road, Suite 101 San José, CA 95125

To Whom It May Concern,

Enclosed, please find reimbursement to the Santa Clara and San Benito Counties Building and Construction Trades Council of \$50.00 for the ticket to the Peaceful Families Father of the Year Event on June 18, 2010.

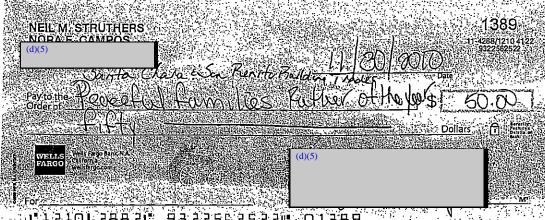
Sincerely,

(d)(5)

Nora Campos

Nora Campos Councilmember, City of San José

Enclosure:



CITY OF SAN JOSÉ, CALIFORNIA



Office of the City Clerk 200 East'Santa Clara Street, Wing San José, California 95113 Telephone 1 (408) 535-1261 FAX 1 (408) 292-6207

FAMILY GIFT REPORTING FORM

Pursuant to the City's Gift Ordinance, Chapter 12.08 of the San Jose Municipal Code, all consultants, contract employees, officers and designated employees of the City and its Redevelopment Agency must file this form with the City or Agency, together with the annual Statement of Economic Interests (Form 700).

You must list below any reportable gifts known to have been accepted by your domestic partner, spouse and any dependent child (Section 12.08.050) during the previous calendar year. Gifts that must be reported are those that would be prohibited had they been given to you. Refer to Section 12.08.010 and 12.08.020 to determine whether a particular gift must be reported. Section 12.08.030 lists the gifts that are not prohibited and do not need to be reported.

PLEASE TYPE OR PRINT IN INK

PLEASE I YPE OR PRINT IN INK						
Name of Filer Nora E. Campos		Phone_(408) 535	Phone (408) 535-4905			
Name of Agency City of San Jose						
CHECK APPROPRIATE ITEM I do not have a spouse, domestic partner or any dependent children. I have no knowledge that my spouse, domestic partner or any dependent child has received a reportable gift.						
Ш Му	spouse, domestic partner or dependen	t children hav	e, to my knowledge, received	the following gifts:		
	PLEASE LIST	EACH GIF	T SEPARATELY			
DATE	RECIPIENT (Spouse/Domestic Partner/Child)	GIFT	DONOR	VALUE		
1/8/2010	Neil Struthers/Husband	Meal	League of California Cities	\$103.00		
			Latino Caucus			
		<u> </u>				
VERIFICATION						
I have used all reasonable diligence in preparing this form, and to the best of my knowledge the information contained herein is true and complete.						
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.						
Executed on 12/2/2016, at San OSe, CA (City. State)						
(Rev. 2/0			(Olgitature)			